

Jefferson Village

Amanda Berkowitz
Clerk Treasurer Assistant



27 East Jefferson St.
Jefferson, Ohio 44047
Telephone (440) 576-3947
Fax (440) 576-5548
Email: Tax@jeffersonohio.us

Dear Taxpayer,

I want to welcome you to the Village of Jefferson and provide you with some information relating to Jefferson's Income Tax Ordinance.

All businesses located within the Village of Jefferson are required to file an annual return with the Tax Office. The return should include the net profits from Jefferson operations and one and one-half percent (1.5%) income tax, as assessed by ordinance. The return must be filed no later the 15th day of the fourth (4) month from the end of your company's fiscal year.

An employer is also required to withhold one and one-half percent (1.5%) earnings tax on the wages of employees working within the Village of Jefferson. The employer shall, on or before the fifteenth (15) day of the month following such withholding, make a return and pay to the Tax Office the amount of taxes so deducted.

By ordinance, each company or business operating with the Village of Jefferson is required to complete and return the registration form that is attached to this letter. The registration form enables the Tax Office to determine how the tax regulations affect each business. Please complete the enclosed registration form and return it to the Tax Office within ten (10) business days from the date of the letter.

If you should need any additional information regarding your tax liability, please feel free to call our office at (440) 576-3947. The Tax Office is open Monday – Thursday, 8:00am to 4:30pm and Friday 8:00am – noon.

Again, thank you for choosing the Village of Jefferson and I look forward to hearing from you.

Very Respectfully,

Amanda Berkowitz
Clerk Treasurer Assistant
Jefferson Village

VILLAGE OF JEFFERSON BUSINESS/PROFESSIONAL REGISTRATION FORM

Name of Business _____ Federal ID #/SS# _____

Corporate Address _____ Corporate Phone# _____

Doing Business As _____ Corp. Contact Person _____

Jefferson Address _____ Jefferson Phone # _____

Jefferson Contact Person _____

Nature of Business _____ **Account Period:** Calendar Year

Starting date of Operation: _____ Fiscal Year Ending _____

Type of Business: (please check one)

Sole Proprietorship Partnership S Corp Corporation Ltd Liability Co. Non-Profit

Number of employees at Jefferson location:

_____ Reported on W2's _____ Reported on 1099's

Do you use a payroll company to submit monthly or quarterly withholding payments? (please circle one) Yes No

Resident Businesses (businesses located in Jefferson): Are the premises in Jefferson rented/leased? (please circle one) Yes No

If yes, from whom: _____ Address of Lessor: _____

Non-Resident Businesses (contractors, vendors, etc. temporarily conducting business in Jefferson)

Address of Jefferson job site: _____
(please attach a complete listing of all subcontracts names with addresses & phone numbers)

I do certify that to the best of my knowledge the above information is true, correct and complete. Additionally, I understand that all information contained herein is confidential.

Signature _____

Title _____

Date _____